

DISTRIBUTOR PROGRAM APPLICATION FORM

APPLICANT INFORMATION

Application Date: _____

Company Name: _____

Address 1: _____

Address 2: _____

Province/City/State: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Email/Web Site: _____

No. of Employees: _____

Annual Sales: \$ _____

Company Establish Date: _____

Principal Owner(s) Name: _____

Company Type: LLC Corporation Sole Proprietor

Contact Person Name: _____

Contact Person Title: _____

Desired Credit Limit: \$ _____

Desired Account Type COD Net: _____

BANK INFORMATION

Bank Account Number: _____

Bank Name: _____

Bank Address: _____

Province/City/State: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Contact Person Name: _____

Contact Person Title: _____

DISTRIBUTOR PROGRAM APPLICATION FORM

BUSINESS REFERENCES

Reference #1:

Company Name: _____

Address: _____

Province/City/State: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Contact Name: _____

No. of Years: _____

Reference #2:

Company Name: _____

Address: _____

Province/City/State: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Contact Name: _____

No. of Years: _____

Reference #3:

Company Name: _____

Address: _____

Province/City/State: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

Email: _____

Contact Name: _____

No. of Years: _____

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AUTHORIZED COMPANY REPRESENTATIVE

I hereby authorized the person or company to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

Please complete and submit this application together with a copy of the business license to the following address or fax:

Address: 5451 Minoru Boulevard
Richmond, BC
V6X 2B1
Canada

Fax: 1-866-755-2782

For any questions or inquiries related the Distributor Program, please contact sales@eec-online.com or call 1-877-332-6686.

Signature: _____
Applicant Name: _____
Date: _____

FOR INTERNAL USE ONLY

Review By: _____

Date: _____

Approved: COD co. Check COD Cash Net ____ Days Net 10th

Credit Limit: \$ _____